

SYSTEM ACCEPTANCE FORM

After Participant completes the project and Distributor accepts the project and submits this System Acceptance Form, TVA will review and may approve the form. If there are deficiencies in the submitted form, TVA may withhold approval and require Distributor to correct the deficiencies and resubmit the corrected form prior to approval.

Section 1 - Participant Information

Participant Name*: _____

Street Address of Qualifying System*: _____

City: _____ State: _____ Zip Code: _____

Customer Type: ☐ Residential ☐ Commercial or Industrial

**Note that the Participant must be the account holder for the Billing Meter at the location specified above and the Street Address of Qualifying System must be the same address listed as the service address of the Billing Meter associated with the project.*

Section 2 - Contract Information (CHECK ONE)

☐ Green Power Providers Participation Agreement (Participation Agreement) No.: _____

☐ Generation Partners Amended and Restated Pilot Extended Participation Agreement or
Generation Partners Participation Agreement (Participation Agreement) No.: _____

Section 3 - Qualifying System Information

Total Nameplate Capacity of Qualifying System: _____ kW DC (AC for biomass or non inverter based systems)

Total Project Investment (Installed Cost): \$ _____ (FOR GREEN POWER PROVIDERS PROJECTS ONLY)

Section 4 - Contractor/Installer Information (FOR GREEN POWER PROVIDERS PROJECTS ONLY)

Contractor/Installer Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

For solar PV projects (CHECK ONE):

North American Board of Certified Energy Practitioners (NABCEP) Achievement Level **: ☐ Entry Level ☐ Full Installer Certification

If certified, NABCEP solar PV Certificate Number: _____

***Note: Installers who have passed the Entry Level examination must supply a copy of their Achievement Award to the Distributor with the Interconnection Application. Certified installers must also supply a copy of their NABCEP Certificate with the Interconnection Application materials.*

Printed name of NABCEP installer***: _____

Signature of NABCEP Contractor/Installer: _____

***NABCEP installer signing above confirms that it has reviewed the installation of the above mentioned project and determined that the design and installation were done in accordance with the applicable industry standards and best practices.

Section 5 - Generation Meter Information (to be completed by Distributor)

Generation Meter Type: ☐ Interval (required for > 10 kW) ☐ Non-interval
Metering Connection: ☐ Option 1 (supply-side) ☐ Option 2 (load-side)

Complete below for all interval meters (does not apply to non-interval meters):

Interval Meter Option: ☐ TVA-Vendor Meter Option ☐ Distributor Meter Option

Complete for Non-Vendor Option Only - Remote Communications Type:

☐ Cellular ☐ Ethernet ☐ Land/Phone Line ☐ Other: Please specify _____

Note that the Distributor Customer Meter Setup (DCMS) or other approved TVA metering form must be completed and submitted to TVA Customer Service prior to signing this form.

Section 6 - Distributor's Acceptance of Qualifying System

The Qualifying System has met the requirements for interconnection to the Distributor's system and is in compliance with the standards and terms of the Participation Agreement. As of the Distributor Acceptance Date stated below, the Qualifying System has been commissioned at its total nameplate kW capacity stated in Section 3 above and is fully operational and properly interconnected to the Distributor's electric distribution or transmission system.

Distributor Acceptance Date: _____

Distributor Name: _____

Name and Title of Distributor Representative: _____

Signature of Distributor Representative: _____

Distributor is required to send a copy of this document within ten (10) business days of the acceptance date to the Green Power Switch inbox (preferred) at greenpowerswitch@tva.gov or to fax it to 615-232-6828.

Section 7 - TVA's Approval/Denial of System Acceptance Form (to be completed by TVA)

APPROVED ☐ DENIED ☐

COMMENTS/REASONS FOR DENIAL:

Date Received by TVA: _____ Date Approved or Denied by TVA: _____

Name and Title of TVA Representative: _____

Signature of TVA Representative: _____